

# Reducing Barriers to Housing through ARPA/CARES Funding

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Presented by: Coordinated Entry System – CoCPR502  
Belinda Hill – Solo Por Hoy  
Edwin Otero – La Fondita de Jesus

## CES – CoC-PR502 Partners

**Solo Por Hoy, Inc.** is a non-profit organization who has directed its efforts to reducing barriers for the homeless population so they can obtain and maintain permanent housing. It is the Coordinated Entry System for COC-PR502. The CES is a hybrid model which centralizes all the efforts by way of an Easy Access Office, HUBS, Mobile Unit, Specialized Outreach Team and Partners. In order to be effective in the strategy of ending homelessness it partners with some key players such as **La Fondita de Jesus**, a non-profit organization serving the homeless since 1985 and is the largest homeless service providers in PR. They serve as a Point of Entry for the CES. Additionally, the CES has a **PATH (SAMSHA-Projects for Assistance in Transition from Homelessness)** service desk integrated in the Easy Access Office. Our anchors are the **HUD San Juan Field office** the **COC-PR502 membership** who facilitate the process with the goal of ending homelessness



Projects for Assistance  
in Transition from  
Homelessness



## Points of Entry-POE

Having partners and HUBs or POE is vital to reducing barrier. The system is data centralized since all Points of Entry complete the assessment process in the HMIS under the CE program. This allows for the data to be more effective since it is gathered under one project. Additionally, Emergency Shelters are not required to complete an assessment of clients at times when CES is not operating. The COC has encouraged members to implement Housing First with all referrals coming from the CES. More than 85% of homeless programs have adopted the Housing First Model which has resulted in a reduction in barriers for those with mental illness.



CES-Easy Access Office - PATH Service Provider



La Fondita – POE



Casa Nuestra Gente  
Emergency Shelter



## COVID-19 - In the beginning....



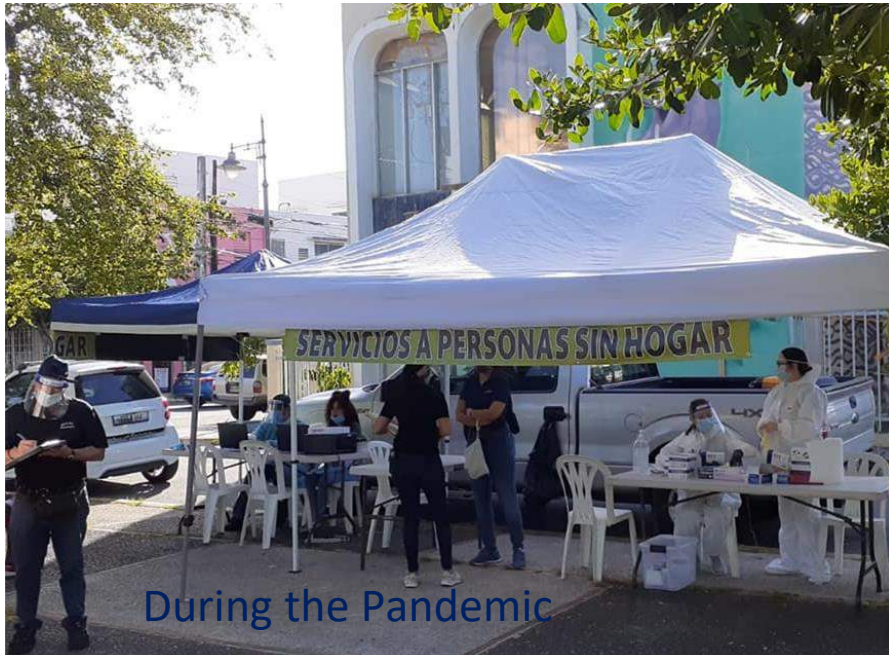
According to BMC Public Health, an international research company, "The COVID-19 pandemic laid bare some of the United States' most devastating health and social inequities faced by people experiencing homelessness. Homeless populations experience disproportionate rates of underlying health conditions, stigma and marginalization that often disenfranchise them from health and social services and living conditions that potentiate the risk of COVID-19 transmission and adverse outcomes."

In the initial stages this was true for Puerto Rico, the lack of guidance and the fear of COVID-19 created even greater barriers for the homeless population. Some programs for fear of contamination resourced to greater barriers for admission. Community Based Organization were left to deal with the pandemic with whatever resources they had. Many modified or implemented strategies to continue operating and provided services by partnering together.

This pandemic began within weeks of Puerto Rico's most devastating earthquake and while we were still recovering from Hurricanes Maria and Irma which has been our greatest teacher. From Hurricane Maria we learned how to re-invent ourselves, how to continue providing services while not having utility services (our staff), how to adapt and how to move forward.



Before Covid -19



During the Pandemic

## What changed with the COVID-19 Pandemic

Everything! Our services were provided from our centralized office and through our partner HUBS. Now we no longer provide services in an enclosed mobile unit. Following CDC Guidelines our team is fully suited for every outreach mobile service center. We provide anyone requesting services mask, sanitizer, hygiene products and literature on COVID-19. As soon as vaccination became available the entire team got vaccinated and we now encourage others to do the same.

In the beginning we used existing funding and receiving private funding, which allowed us to begin weekly Antigen testing at pop-up mobile service centers. All of these efforts were implemented in order to reduce barriers in referring homeless families and individuals to housing services.



## Partnerships created prior to funding



In order to reduce barriers some CoC members moved to create partnerships to provide COVID-19 related services. Local foundations distributed funding for PPE to homeless service providers. The PR School of Medical Technicians with PATH provided rapid testing. The CES established pre-determined pop-up testing locations, La Fondita de Jesus ramped up their meal distribution and partnered with other CBO to distribute meals in targeted homeless areas. Several organizations distributed “Food Box” to permanent housing programs. These grassroots initiatives were put in place while waiting for public funding which was bottlenecked at the central government.

## Collecting the data early on.

While implementing these efforts the CoC realized we needed to modify the way we collected data. In the beginning the COVID-19 form which was added to the HMIS only asked if the person had been tested. We realized quite quickly we needed to know the result of the test. The purpose of testing was to reduce barriers since service providers were requiring testing for admission. The CoC created a HMIS sub-committee to evaluate the form and recommend changes. With the added data the referrals would reflect the result in the HMIS. As we move forward, we also added which type of rapid testing and if they had been vaccinated as well as which vaccine. This would help us track our participants for follow-up vaccination.

### HUD Program Enrollment ①

Select the Project you are enrolling the client into.  
ClientTrack will display a list of clients in the client's family.  
Please select all the clients you are enrolling.

The Project Start Date is:

- For **Street Outreach** projects – it is the date of first contact with the client.
- For **Emergency Shelters** – it is the night the client first stayed in the shelter for the consecutive shelter period from entry to exit. Night by night shelters, which use a **bed-night** tracking method will have a project start date and will allow clients to re-enter as necessary without "exiting and restarting" for each stay for a specified period.
- For **Safe Havens and Transitional Housing** – it is the date the client moves into the residential project (i.e. first night in residence).
- For all types of **Permanent Housing**, including **Rapid Re-Housing** – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
  - Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered)
  - The client has indicated they want to be housed in this project.
  - The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time.
- For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: \* Derecho a Techo  
Municipio de donde proviene: \*  
Servicio a causa de Sismo 2020: ☐

### Información COVID - 19

¿Ha recibido información u orientación sobre COVID-19? \* Si

Síntomas: \*

Rastreo de Viaje Personal

¿Ha viajado recientemente a un área conocida con propagación local de COVID-19 en los pasados 15 días?

Rastreo de Contacto con Viajeros

¿Ha estado en contacto con alguna persona (familiar o persona cercana) que haya viajado en los últimos 15 días?

Rastreo de Contacto con Contagiados

Vive en un lugar agrupado con otras personas:

Rastreo de Posible Caso de Alto Riesgo

Padece de una enfermedad?

¿Está embarazada y padece de una enfermedad?

Rastreo de Síntomas Sospechosos

¿Tiene o ha tenido fiebre (más de 100.4 F o 38.0 C) O síntomas de enfermedades de las vías respiratorias inferiores como tos seca, falta de aliento o dificultad para respirar por los pasados 15 días? \*

¿Algún médico le ha recomendado mantenerse en aislamiento?

Rastreo en Aislamiento

¿En qué lugar ha estado en aislamiento?

Pruebas/Laboratorios

Se realizó la prueba del COVID-19? \*

¿Se ha vacunado de influenza en los últimos 45 días?

Hospitalización y Recuperación

Fecha de Hospitalización: 

Fecha de Recuperación: 

Si la persona responde 'sí' a algún síntoma sospechoso y tiene más de 55 años, debe ser transportado al hospital para su análisis.

Si la persona responde que sí a algún síntoma sospechoso y tiene alguna enfermedad en la lista de padecimientos, debe ser transportado al hospital para evaluación médica.

Household *Excerpt from the HMIS Data Standards Manual* "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

Name	Gender	Age	Project Start Date	Exit Date	Case Manager ①	Relationship to Head of Household*
0						

View Request Log



## CARES Act

By December 2020, the CARES Act funding through ESG-CV had started to moved forward. The ESG Program amended the consolidated plan to eliminated matching requirements for COVID-19 related services in existing ESG funding. This allowed organization to move faster on their plan to prevent the spread of COVID-19 and offer Coronavirus services such as testing with existing funds while waiting for disbursement of ESG-CV funding.

They also began to evaluate letters of intent from multiple service providers. The priorities were established so de-congregated shelters could be implemented. Several ESG – Entitlement Jurisdictions began with Rapid Rehousing programs and hotel/motel alternatives to house our homeless population.



Temporary Shelters

Outreach Strategies

Rapid Rehousing

Prevention

DV – Dedicated Services



## ESG-CV AWARD – Message from the Director

The ESG-CV grant award delegated to the Puerto Rico Department of the Family (PRDF) by the U.S. Department of Housing and Urban Development (HUD) has permitted the ESG Program to rapidly adjust to the impact caused by the COVID-19 emergency within the homeless population. With this special assignment, the Program has been able to mitigate the risk of propagation of the virus, while continuing to address the difficulties associated with obtaining and retaining permanent housing in Puerto Rico in a systematic effort. This effort includes, among many other activities:

- ➡ The creation of new Temporary Emergency Shelter projects to prevent the spread of COVID-19 on the streets and be able to transition participants into permanent housing;
- ➡ Increased street outreach efforts through new subrecipient entities;
- ➡ The maximization of housing relocation and stabilization services through the use of landlord incentives for the relocation of program participants, regardless of the challenges encountered in the past due to the Fair Market Rents established for Puerto Rico; and
- ➡ The continued and uninterrupted collaboration with Victim Service Providers and their respective ESG-CV projects, supporting their efforts of rapidly assisting violence victims in times of increased uncertainty.



**Argie Díaz González**  
Executive Director, ESG Program  
PR Department of the Family



## De-Congregated Shelters

**Municipality of San Juan** First de-congregated shelter to open with a total of 32 beds of which 12 are de-congregated and 20 congregated. It is a full-service men's shelter with all the supportive service.



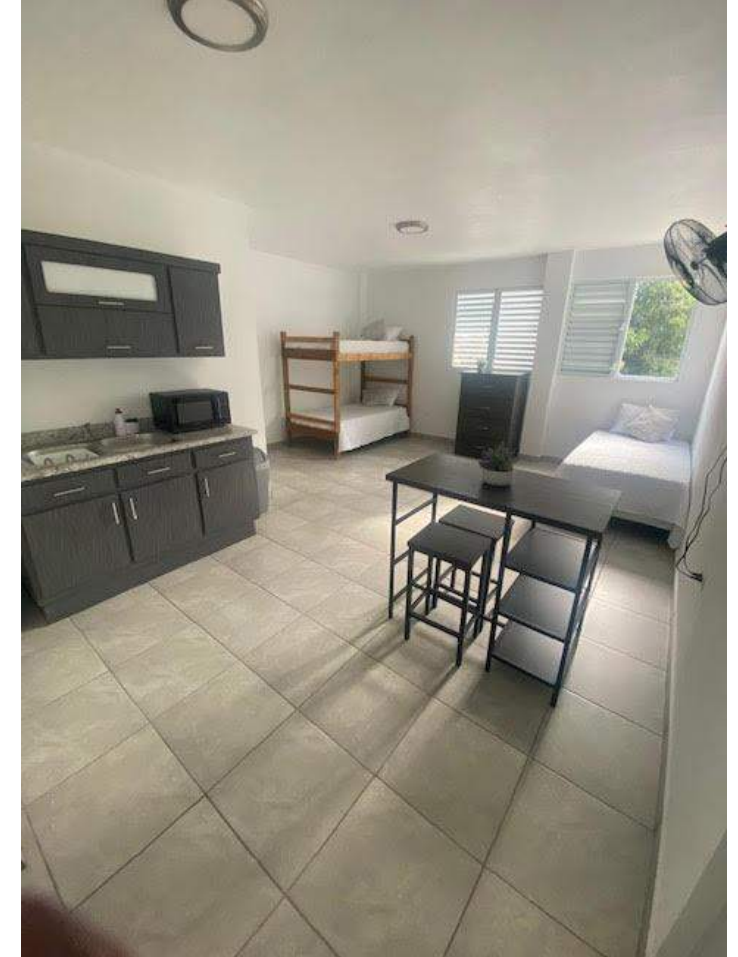


**La Perla del Gran Precio** is a full service de-congregated shelter for men, women and families. It has 6 units of which 5 are studio apartments for one individual and 1 unit for families. It has remained full since it opened. They have been successful at stabilizing and relocating in PH.



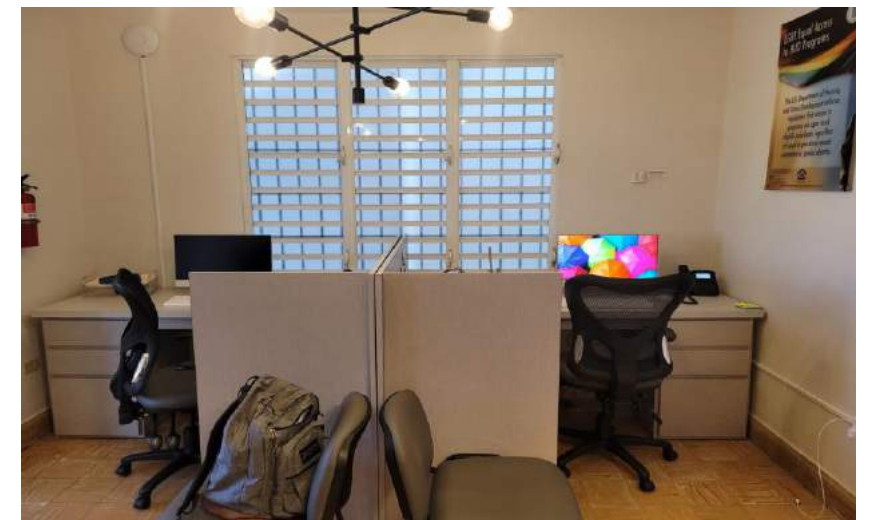
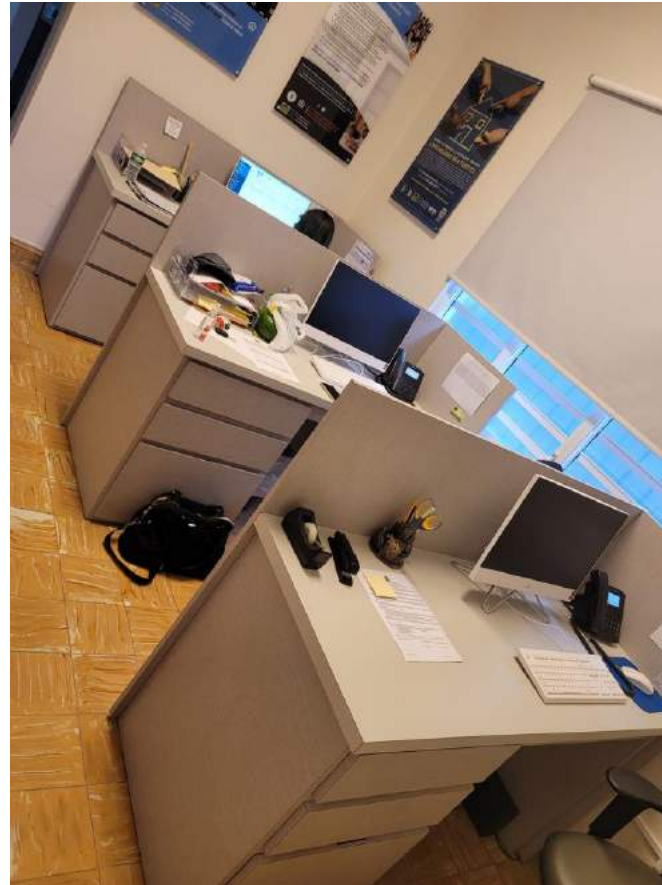


**Hogar Ruth – Domestic Violence Service Provider** created a two-unit de-congregated expansion for families fleeing violence. This is a full-service project which includes a first ever children's Montessori School within its premises. They are the largest DV service provider on the Island,





**Outreach Office – Solo Por Hoy** created a centralized outreach office to coordinate all its efforts to ensure the homeless population is served. This includes, weekly testing sites and food distribution.





**La Fondita de Jesus** strengthened its outreach efforts with this mobile unit while leading the efforts of food preparation and distribution as well as medical services for their participants.





**GuaraBi** outreach team strengthen their outreach efforts with two mobile case management units to cover the entire geographic area of Puerto Rico





## American Rescue Plan Act

HUD No. 21-099  
HUD Public Affairs  
(202) 708-0685

**FOR RELEASE**  
Thursday  
June 10, 2021

### HUD Awards \$1.1 Billion in American Rescue Plan Funds for Emergency Housing Vouchers

WASHINGTON, DC - U.S. Department of Housing and Urban Development (HUD) Secretary Marcia L. Fudge today announced the awarding of the first tranche of American Rescue Plan funds for Emergency Housing Vouchers (EHVs) for individuals and families who are experiencing homelessness or at risk of homelessness. Specifically, HUD is awarding \$1.1 billion - 70,000 vouchers - for 626 public housing authorities (PHAs) administering the Housing Choice Voucher Program. [Click here](#) for a full list of awards.

"Addressing our nation's homelessness crisis is a top priority for HUD," said **Secretary Fudge**. "With COVID-19 still a threat and with the sweltering summer months just around the corner, the \$1.1 billion we are announcing today comes at a critical time in our efforts to get people experiencing homelessness off the streets and into safe, stable homes. Thanks to the American Rescue Plan, communities now have the robust resources they need to make significant progress toward ending homelessness."

Today's awarding of \$1.1 billion in EHVs is part of \$5 billion that the American Rescue Plan Act enabled HUD to allocate in additional vouchers to PHAs. HUD allocated these vouchers to communities with the greatest need for EHVs and where local housing authorities demonstrated capacity to administer this vital assistance. The EHV program serves geographically diverse housing needs, from high-cost urban areas to a large number of rural communities. HUD notified PHAs on May 10, 2021 of their EHV eligibilities and projected funding as authorized by the American Rescue Plan. The awards announced today are based on the PHAs' acceptance of the EHVs.

EHV funding gives communities significant resources to assist individuals and families who are homeless; at risk of homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or recently homeless. EHVs help individuals and families find housing and remain stably housed long-term.

The \$1.1 billion in EHVs will cover the cost of vouchers and related administrative costs, including up-front costs needed to stand up the program, for an initial 18-month period. Thereafter, HUD will provide annual funding to cover the cost of renewals in 12-month increments through September 30, 2030 or until the \$5 billion ARP allocation runs out, whichever comes first.

HUD has allocated \$10 billion in American Rescue Plan homelessness assistance: In addition to the \$5 billion for EHVs, HUD allocated \$5 billion through the HOME Investment Partnerships Program to increase affordable housing to address homelessness.

## Disponible 203 vales de vivienda de Sección 8 para víctimas de violencia de género y personas sin hogar

Para facilitar la canalización de las solicitudes, Vivienda Pública firmó un acuerdo colaborativo con Familia y la Oficina de la Procuradora de las Mujeres (OPM), así como con las organizaciones Solo por Hoy y Guara Bi





## American Rescue Plan Act continued....

**The Puerto Rico Department of Housing** was awarded 232 of the EHV to serve the entire Island. The priority of these vouchers was our homeless population. In order to comply with HUDs requirements, the secretary of the department convened with the CoCs. As a result, a formal agreement was reached. CoC-PR502 CES agreed to be the referring entity and was tasked with the responsibility of evaluating and referring all eligible individuals and families to the program. Within a couple of months all vouchers were referred. The agreement also included an agreement with service providers to cover for individual supportive services such as navigation, security deposits, utility deposits and arrears. The greatest challenge has been finding affordable housing units due to the Airbnb market on the Island.

For this program, we requested changes in our CES services in the HMIS. We added referrals to all the EHV programs such as PR Department of Housing and all the municipalities in our jurisdiction that were awarded with EHV. We also added referrals to Housing Choice Vouchers HCV. For our exit strategy we also added the exit to the specific federally funded program as opposed to closing the client to “subsidized housing”

## Data - ARPA

Service Summary

3/1/2021 to 2/28/2022



Report Criteria:

Organizations: Solo Por Hoy, Inc. / Derecho a Techo-Coordinated Entry

Programs: Derecho a Techo

First Time Served: N/A

Service	Service Entries	Units	Total Value	Undup. Clients	Families	Children in Families	Adults in Families	Seniors in Families	Total Individuals in Families
<u>Alcance Comunitario (Outreach)</u>	43	43.00	\$0.00	42	41	5	40	2	48
<u>Alimentos</u>	108	108.00	\$0.00	100	100	11	94	8	114
<u>Articulos de Higiene</u>	43	43.00	\$0.00	42	42	3	40	2	45
<u>Busqueda de Documentos</u>	65	65.00	\$0.00	65	64	41	66	10	117
<u>Coordinacion Interagencial</u>	296	296.00	\$0.00	279	277	101	302	16	419
<u>Entrevista Inicial</u>	1425	1425.00	\$0.00	1267	1262	397	1336	78	1813
<u>Evaluación de Índice de vulnerabilidad (VISPDAT)</u>	729	729.00	\$0.00	698	694	146	724	35	906
<u>Fair Housing - Workshop</u>	48	48.00	\$0.00	48	47	0	40	9	50
<u>Manejo de Caso</u>	2878	2885.00	\$0.00	1494	1433	419	1495	97	2010
<u>Meriendas</u>	4	4.00	\$0.00	3	3	0	3	0	3
<u>Orientación</u>	2320	2320.00	\$0.00	1422	1372	413	1435	92	1939

Edlyn Ramos Rolón



## Data – ARPA continued...

Service Summary

3/1/2021 to 2/28/2022



Service	Service Entries	Units	Total Value	Undup. Clients	Families	Children in Families	Adults in Families	Seniors in Families	Total Individuals in Families
<u>Prueba Antígeno COVID - 19</u>	70	70.00	\$0.00	68	67	1	62	7	71
<u>Referido a Albergue</u>	38	38.00	\$0.00	37	37	4	38	2	44
<u>Referido a CESCO/DTOP</u>	2	2.00	\$0.00	2	2	0	2	0	2
<u>Referido a Detox</u>	2	2.00	\$0.00	2	2	0	3	0	3
<u>Referido a Emergency Housing Voucher - Vivienda (EHVs)</u>	197	197.00	\$0.00	193	193	93	199	12	304
<u>Referido a Emergency Housing Vouchers-EHV's</u>	8	8.00	\$0.00	8	8	2	8	1	11
<u>Referido a Emergency Housing Vouchers-EHV's - Mun. Arecibo</u>	2	2.00	\$0.00	2	2	1	3	0	4
<u>Referido a Emergency Housing Vouchers-EHV's - Mun. Barranquitas</u>	15	15.00	\$0.00	15	15	18	25	1	44
<u>Referido a Emergency Housing Vouchers-EHV's - Mun. Camuy</u>	9	9.00	\$0.00	9	9	6	11	1	18
<u>Referido a Emergency Housing Vouchers-EHV's - Mun. Corozal</u>	9	9.00	\$0.00	9	9	10	12	0	22
<u>Referido a Emergency Housing Vouchers-EHV's - Mun. San Juan</u>	29	29.00	\$0.00	29	29	11	36	2	50

Edlyn Ramos Rolón

## Data – ARPA continued...

Service Summary

3/1/2021 to 2/28/2022



Service	Service Entries	Units	Total Value	Undup. Clients	Families	Children in Families	Adults in Families	Seniors in Families	Total Individuals in Families
<u>Referido a Housing Choice Voucher</u>	10	10.00	\$0.00	10	10	2	10	0	12
<u>Referido a otros servicios</u>	14	14.00	\$0.00	14	14	7	15	0	22
<u>Referido a Prevencion</u>	125	125.00	\$0.00	116	115	95	135	4	234
<u>Referido a Rapid Re-Housing</u>	84	84.00	\$0.00	79	78	33	87	4	124
<u>Referido a Safe Haven</u>	1	1.00	\$0.00	1	1	0	1	0	1
<u>Referido a Sistema Coordinado</u>	14	14.00	\$0.00	14	14	0	14	0	14
<u>Referido a Vivienda de Emergencia</u>	1	1.00	\$0.00	1	1	0	1	0	1
<u>Referido a Vivienda Permanente</u>	70	70.00	\$0.00	66	66	20	71	2	93
<u>Referido a Vivienda Transitoria</u>	215	215.00	\$0.00	187	188	0	186	5	191
<u>Referral</u>	1138	1111.00	\$4,088.00	935	936	360	1016	48	1424
<u>Ropa</u>	1	1.00	\$0.00	1	1	0	1	0	1
<u>Seguimiento</u>	2569	2569.00	\$0.00	1412	1359	400	1412	92	1903
<u>Seguridad</u>	2	2.00	\$0.00	2	2	0	2	0	2
<u>Transportación</u>	20	22.00	\$0.00	13	13	0	12	1	13
<u>Vivienda Permanente</u>	4	4.00	\$0.00	4	4	7	5	0	12



Service Summary  
3/1/2021 to 2/28/2022



Service	Service Entries	Units	Total Value	Undup. Clients	Families	Children in Families	Adults in Families	Seniors in Families	Total Individuals in Families
<u>Vivienda Transitoria</u>	1	1.00	\$0.00	1	1	0	1	0	1
Duplicated Total	12609	12591.00	\$4,088.00	8690	8511	2606	8943	531	12085
Unduplicated Totals	Service Entries	Units	Total Value	Undup. Clients	Families	Children in Families	Adults in Families	Seniors in Families	Total Individuals in Families
	12609	12591.00	\$4,088.00	1555	1477	440	1540	98	2077

## Barriers and Challenges

Our greatest challenges was having programs comply with the requirements of Housing First and the request of a negative COVID-19 test. Securing de-congregated shelters was crucial. Other challenges include:

- ➡ Low inventory or available units for Permanent Supportive Housing
- ➡ Lack of Mental Health Services on the Island
- ➡ Lack of Medical Coverage for appropriate treatment
- ➡ No local policy in place from the jurisdiction to end homelessness
- ➡ CoC carry almost entirely the responsibility of caring for the homeless
- ➡ Housing Discrimination – Fair Housing Issues
- ➡ Discrimination towards the homeless population with mental illness





## Conclusion

Puerto Rico has survived three mayor disasters since 2017 which have served to transform the way we provide services. The most important issue to consider is that homeless families and individuals have endured all of this while living on the street. It is our job to do better, to do more, to care about our most vulnerable population.

BMC Public Health also stated, “Community-based organizations, including homeless shelters, are uniquely qualified to inform pandemic response and disaster risk mitigation in order to respond appropriately to the specific needs of people experiencing homelessness. The lessons learned and shared by homeless service providers on the frontline during the COVID-19 pandemic have important implications to improve future disaster response for homeless and other vulnerable populations.”

**The End and Thank You!**

## Questions?